

**CORPORATE MANAGEMENT GROUP**

**Employment Application**

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri  
Office Number: 507-838-5994  
Office Address: 1825 7<sup>th</sup> St NW Rochester, MN 55901



**Applicant Information**

*(APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED)*

Full Name: (Last Name, First Name) Massama B Baryogor Date: 12-30-25

Address: (Street Address) 156 Sunfish-pl NE #6 (Apt./Unit #) \_\_\_\_\_  
(City) Rochester MN (State) MN (ZIP Code) 55906

Phone: 507 358-7058 Email: Massambamba727@gmail.com

Social Security No. 866757368 Date Available: M. - F.

Position Applied for: After Packager Desired Wage: \_\_\_\_\_

Shift Available to work: 1<sup>st</sup>  2<sup>nd</sup> 3<sup>rd</sup> Employment desired:  Full-Time  Part-Time

Are you authorized to work in the U.S?  Yes  No

How did you hear about us? Brother Referral Name: Massama Baryogor

If under 18, please list age: 39 Sekou (Brother)

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  No  Yes Weekends OK.

**Previous Employment**

Company: Walmart Phone: 507-280-7733

Address: 3400 55th Ave NW Supervisor: Rodman N/A

Job Title: deli

Responsibilities: cooking and cutting meat

From: 04/14/15 To: 12/15/15 Reason for Leaving: Travelled to Africa

May we contact your previous supervisor for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

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### PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant Max Bahat Date: 12-30-25

**m** MINNESOTA

**DRIVER'S LICENSE**

USA

NOT FOR FEDERAL IDENTIFICATION



1 BARYOGAR  
2 MASSAMA BAMBA  
8 1119 41ST ST NW  
APT 224  
ROCHESTER, MN 55901-4291

4d DL# F116-082-292-808 4a ISS 04/02/2025  
3 DOB 07/15/1986 4b EXP 07/15/2029

9 CLASS D 9a END NONE  
12 RESTR NONE

Minnesota

15 SEX F 17 WGT 180 lb  
16 HGT 5'-09" 18 EYES BRO

6 DD 00000011106994

07/15/86

*Ma Bamba*



**UNITED STATES OF AMERICA PERMANENT RESIDENT**

BARYOGAR MASSAMA BAMBA 15 JUL 1986

Surname **BARYOGAR**  
 Given Name **MASSAMA BAMBA**  
 USCIS# **06-234-491** Category **DV2**  
 Country of Birth **Liberia**  
 Date of Birth **15 JUL 1986** Sex **F**  
 Card Expires: **11/24/26**  
 Resident Since: **11/24/16**

*Signature Waived*



I-557  
Rev 10-15-14

53896162



72

If found, drop in any US Mailbox. USPS: Mail to USCIS, PO Box 851488, Mesquite, TX 75185-1488

C1USA0642344915I0E0198495291<<  
8607151F2611240LBR<<<<<<<<<<<8  
BARYOGAR<<MASSAMA<BAMBA<<<<<<<

**You have applied / are interviewing for the following position:**

**JOB TITLE:** Packer **Starting Wage:** \$15.50 **Shift/Hours:** 2nd shift 3:30pm to 11:30pm

**JOB OBJECTIVE:** To pack ground beef patties according to company specifications.

**QUALIFICATIONS (based on essential functions):**

- Related experience preferred.
- Must be able to understand instructions and directions in the English language.
- Possess basic mathematic skills.

**JOB FUNCTIONS:** Every effort has been made to identify the essential functions of this position. However, it in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or an essential function of the position.

**DUTIES/RESPONSIBILITIES:**

Pack proper quantities of ground beef patties in boxes at an acceptable speed to keep up with the rest of the line; Make boxes and insert liners before shift begins and during shift as needed. Change boxes above production lines when changing product runs; Clean up patties from floor before breaks and at end of shift; Assist with general clean up at end of shift as directed; Perform other duties as needed; Work effectively with others, both within and outside the department. Work as a team with others; Report to work on time. Leave and return from breaks on time; Follow safety rules, conduct rules, GMP, Quality Standards and other regulations; Able and willing to do new or different jobs as required; Take care of and properly maintain the equipment used in this job (as appropriate).

**MACHINERY:** Conveyor, patty grouper, patty paper interleaver, box machines.

**WORK ENVIRONMENT:** Standing on cement floor for the entire shift. Moderate to high noise. Temperature range of 40-50 degrees Fahrenheit.

**PHYSICAL REQUIREMENTS (with or without reasonable accommodation):** Requires varying degrees of pushing, pulling and reaching for patties. Must be able to continuously perform simple manipulative tasks such as packing single patties and stacks of patties. Occasionally perform difficult manipulative tasks. Able to perform tasks requiring action of muscles or groups of muscles such as walking and stooping. Must be able to stand for prolonged periods of time (eight-hour shift).

**MENTAL REQUIREMENTS (with or without reasonable accommodation):** Able to concentrate on minimal details with little interruption. Able to attend to task/function for 60 minutes at a time. Able to remember verbal and/or written task/assignment for an eight-hour shift.

**WORK HOURS:** Eight-hour workweek, Monday through Friday. May be required to work on Saturdays.

*I understand by signing this form, I have been informed about what position I am interviewing for.*

Applicant Signature: *W. A. Becher* Date: *01-13-26*  
Interviewer Signature: *Dena G. W.* Date: *1/13/26*

# CMG Preliminary Questions

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Please Mark Yes or No

1. If hired, are you willing to take a drug test?  Yes  No

2. Are you able to work with pork and beef?  Yes  No

## Please Mark Your Preferred Position

3. What shift do you prefer?      1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

### **\*To be completed during or after interview\***

Have you ever been convicted of a misdemeanor or felony? Yes \_\_\_\_\_ No

Explain

Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature Mabeha

Interviewer Signature Diana [Signature]



## New Employee Acknowledgement Form

Welcome to CMG and Rochester Meats!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG Interview. Please sign and date the bottom of this form stating that you received your log in information.

**CMG/ESSG/Rochester Meats Handbook**

**Healthcare Notice of Exchange and Website for Enrollment**

30 Days

**Safety Policy**

**Drug and Alcohol Testing Policy**

**View Paystubs**

**Employee Notice of Employment and Wage**

**Website:** <https://zenople.esgazure.com/login/cm>

**\*\*do not fill out the login name or password. CMG will provide you with this information\*\***

Login Name: 5073587058

Login Password: mb@7368!

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the content, it is my responsibility to address my questions with a CMG representative. I also hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Signature: mb@7368! Date: \_\_\_\_\_

## Employee Photo Release Form

I, \_\_\_\_\_ agree to let Rochester Meats use my picture for internal security purposes. I also agree to submit a written request to Rochester Meats if/when I wish my photo be removed from the company database.

Signature: max baha Date: 01-13-26

## Emergency Contact Information

Please list at least one person with one working phone number. We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact #1	Contact #2
Name: <u>fanta</u>	Name: _____
Relationship: _____	Relationship: _____
Phone Number: <u>507.922 82 76</u>	Phone Number: _____

Additional information you want ESSG and our client to know in the event of an emergency:

\_\_\_\_\_

\_\_\_\_\_

This information will remain confidential and will only be used in the case of an emergency.

## Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group to enter my new hire paperwork into ESSG's online Zenople Employee Portal. I understand that I will be provided access via login name and password to view forms that have been entered on my behalf.

Signature: Massama Baryogor Date: \_\_\_\_\_

## Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview. I understand that I have 30 days after my job offer to apply for insurance through ESSG via the log in information provided to me.

Signature: max baha Date: \_\_\_\_\_

## Electronic W-2 Consent

The IRS has approved employers to send W-2's electronically to employees. You will receive your W-2 faster and have access to your W-2 at anytime.

Would you like to receive your W-2 statement electronically? Yes  No

Email: massamaBamba727@gmail.com

## Background Check Authorization

I, hereby authorize and its designated agents and representatives to conduct a comprehensive background check as part of the employment screening process. This background check may include, but is not limited to, the following:

1. Criminal background check: This may involve researching and reporting any criminal convictions or pending criminal cases.
2. Employment history verification: This may include contacting past employers to verify work history, job titles, dates of employment, and reasons for leaving.
3. Education verification: This may include verifying academic degrees, diplomas, and certificates from educational institutions.
4. Professional references: This may involve contacting individuals listed as professional references by the employee to assess their qualifications and suitability for the position.
5. Credit history check (if applicable): This may include obtaining information related to the employee's credit history and financial responsibility.

Driving record check (if applicable): This may involve reviewing the employee's driving history, including any traffic violations and accidents.

### Release of Information:

I understand that, in the course of the background check process, may need to disclose my personal information to third-party vendors or agencies for the purpose of obtaining the necessary background information. I consent to the release of such information.

By signing below, I acknowledge that I have read and understand the terms of this consent form and voluntarily consent to the background check described herein.

Signature: Max Baker Date: 01-13-26

## Notification of Minnesota Law Requirement – Unemployment Acknowledgement

According to Minnesota Statute section **268.095**, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment. This paragraph applies only if, at the time of beginning of employment with the staffing service, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected. It is your responsibility to contact ESSG through the recruiter stated below for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact ESSG through the recruiter stated below within 5 calendar days once an assignment ends. I also acknowledge that I have been provided a copy of this form.

Signature: Olga Barabid Date: 01-13-26

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial <b>massama</b>	Last name <b>Baryagar</b>	(b) Social security number <b>860757268</b>
	Address <b>156 SurfZsh PL NE #G1</b>		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code <b>Rochester</b>		
(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

**Caution:** To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

**Multiple Jobs or Spouse Works**

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . .

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	3(a) \$	<b>6000</b>
	(b) Multiply the number of other dependents by \$500 . . . . .	3(b) \$	
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .	<b>3</b>	\$ <b>6000</b>
<b>Step 4:</b> Other Adjustments	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	4(a) \$	
	(b) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .	4(b) \$	
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c) \$	<b>0</b>

**Exempt from withholding** I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . . .

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here** **naBaha** **1-13-26**  
Employee's signature (This form is not valid unless you sign it) Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



# 2026 W-4MN, Minnesota Employee Withholding Certificate

## Employees

Complete Form W-4MN so your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year and when your personal or financial situation changes. If no Form W-4MN is in effect, the number of withholding allowances claimed will be zero.

First Name and Initial <b>massama</b>	Last Name <b>Baryogar</b>	Social Security Number <b>860 7573 68</b>
Permanent Address <b>156 SUNFISH PH NE #6</b>	City <b>Rocher</b>	State <b>NE</b>
Marital Status (Check one): <input checked="" type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate		ZIP Code <b>#6</b>

Complete Section 1 OR Section 2, then sign the bottom and give the completed form to your employer.

**Section 1 — Determining Minnesota Allowances**

- A Enter "1" if no one else can claim you as a dependent ..... A 1
- B Enter "1" if any of the following apply: ..... B 1
  - You are single and have only one job
  - You are married, have only one job, and your spouse does not work
  - Your wages from a second job or your spouse's wages are \$1500 or less
- C Enter "1" if you are married, or enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) . C 0
- D Enter the number of dependents you will claim on your tax return. .... D 3
- E Enter "1" if you will use the filing status Head of Household (see instructions)..... E 0
- F Add steps A through E. If you plan to itemize deductions on your 2026 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. .... F 5

- 1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet ..... 1 (5)
- 2 Additional Minnesota withholding you want deducted for each pay period (see instructions) ..... 2 \$ \_\_\_\_\_

**Section 2 — Exemption From Minnesota Withholding**

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:

- A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding.
- B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:
  - I had no Minnesota income tax liability last year.
  - I received a refund of all Minnesota income tax withheld.
  - I expect to have no Minnesota income tax liability this year.
- C All of these apply:
  - My spouse is a military service member assigned to a military location in Minnesota.
  - My domicile (legal residence) is in another state.
  - I am in Minnesota solely to be with my spouse. My state of domicile is \_\_\_\_\_
- D I am an American Indian that resides and works on a reservation for which I am enrolled (see instructions).  
Enter the reservation name: \_\_\_\_\_  
Enter your Certificate of Degree of Indian Blood (CDIB)/Enrollment number: \_\_\_\_\_
- E I am a member of the Minnesota National Guard or an active-duty U.S. military member and claim exempt from Minnesota withholding on my military pay.
- F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay.

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.

Employee's Signature <b>ma Baryogar</b>	Date <b>01-13-26</b>	Daytime Phone Number
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Employees: Give the completed form to your employer.

**Employers**

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. Incomplete forms are considered invalid. We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

Name of Employer	Minnesota Tax ID Number	Federal Employer ID Number (FEIN)
Address	City	State ZIP Code

## Work Opportunity Tax Credit

Please circle Yes or No to the following questions:

-In the last year, have you or anyone you've lived with received SNAP (Supplemental Nutrition Assistance Program also referred to as food stamps)?  Yes/ No

-In the last two years, have you or anyone you've lived with received TANF (Temporary Assistance for Needy Families also referred to as welfare)?  Yes/ No

-Are you a veteran of the U.S. Military/Armed Forces?  Yes/ No

-Are you a person who has a disability?  Yes/ No

-Have you ever been convicted of a felony?  Yes/ No

-Are you unemployed?  Yes/ No

-Have you collected unemployment benefits at any time during your unemployment period?  Yes/ No

Thank you for taking the time to complete this survey related to IRS Form 8850 (Pre-screening Notice and Certification Request for the Work Opportunity Tax Credit) and the ETA Form 9175 (Long-Term Unemployment Recipient Self-Attestation Form). These forms are used to verify the information you have provided and to manage the important WOTC jobs program.

If you agree with the following declaration, click the submit button to electronically sign the Forms 8850 and (if applicable) 9175. Your electronic signature will authorize the Veterans Administration, Department of Vocational Rehabilitation, Tribal Governments, federal and state unemployment insurance offices, or other applicable agency to release verification of information to TCC. If the name is incorrect, type in your correct name and click the submit button to electronically sign. *Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.*

Signature: max Rabal Date: 1/13/24

## Direct Deposit

Payday is bi-weekly on Friday.

Bank Name WINGS Routing # 2916076152 Account # 9110135044

Checking or Savings

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs included if the account number that is provided is incorrect.

Please check here if you do not have your account information or have an account. We will provide you with a Bank of America Money Network Card.

Please check here if you would like your paystubs electronically emailed to your email address.

Signature: max Rabal Date: 1-13-24



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the **Instructions**.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name) <b>Baryogor</b>		First Name (Given Name) <b>Massama</b>		Middle Initial (if any) <b>B</b>	Other Last Names Used (if any)	
Address (Street Number and Name) <b>156 Sunfish Pine</b>			Apt. Number (if any) <b>#6</b>	City or Town <b>Rochester</b>		State <b>MD</b>
Date of Birth (mm/dd/yyyy) <b>7/15/1986</b>		U.S. Social Security Number <b>860 75 7369</b>		Employee's Email Address		Employee's Telephone Number <b>358 7058</b>
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input checked="" type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
Signature of Employee <b>Max Bada</b>		Today's Date (mm/dd/yyyy) <b>1-13-26</b>				

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the **Preparer and/or Translator Certification** on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title 1	List A	OR	List B	AND	List C
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information</b>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
--	--	--	--	---------------------------

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
--	--

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.



employer solutions staffing group,  
 Employer Solutions Staffing Group, LLC  
 7201 Metro Blvd Suite 900  
 Edina, MN 55439  
 (952) 835-1288

## EMPLOYEE DEDUCTION AUTHORIZATION

This form is to authorize an employer to make specified deductions

Employee Information			
Name: <u>Massama Baryogor</u>		Employee ID:	
Job Title: <u>2nd Pack</u>		Assignment: <u>Rochester Meals</u>	
Deduction	Amount	Deduction	Amount
<u>KEY CARD</u>	<u>\$ 0.50</u>		\$
	\$		\$
	\$		\$
TOTAL OF DEDUCTIONS PER PAY PERIOD: <u>\$ 0.50</u>		DATE OF FINAL DEDUCTION: _____ (if applicable)	
Provide any additional details specific to the deductions, such as the purpose, frequency and any other relevant terms: <u>Key Card</u>			
I, <u>Massama</u> (employee name), hereby authorize Employer Solutions Staffing Group, LLC to deduct \$ <u>0.50</u> (amount) from my paycheck.			
This deduction will occur on a (check one) basis: <input checked="" type="checkbox"/> One time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____			

**Authorization:**  
 I hereby certify that the above deductions and amounts are accurate to the best of my knowledge. I understand that these deductions are voluntary and can be revoked at any time by providing written notice to my employer. I further understand that these deductions will not reduce my wages below minimum wage as required by law. I agree that this authorization is separate from any prior deductions and is in compliance with all applicable federal and state laws, including California Labor Code §§ 221-224 and Minnesota Statutes § 181.79. I understand and agree that any remaining balance of the authorized deductions, as outlined above, may be collected from my final paycheck upon termination of my employment, in accordance with applicable federal and state laws. This collection will not reduce my final wages below the minimum wage required by law.

Employee Signature: [Signature] Date: 1-13-26

**Employer Acknowledgement:**  
 I, as a representative of Employer Solutions Staffing Group, LLC acknowledge that the deductions outlined above are made in compliance with applicable federal and state laws, including California Labor Code §§ 221-224 and Minnesota Statutes § 181.79, and that these deductions are not for the benefit of the employer. Additionally, I affirm that the deductions will not reduce the employee's wages below the minimum wage required by law. A signed copy of this authorization form will be provided to the employee.

Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

## EEO Information

Please choose one option under the following:

### Gender

- No Answer
- Female
- Male
- Non-Binary
- Other

### Marital Status

- No Answer
- Divorced
- Married
- Unmarried
- Widowed

### Ethnicity

- Alaska Native
- Asian
- Hispanic Latino
- Other Pacific Islander
- Unknown Ethnicity
- No Answer
- American Indian
- Black or African American
- Native Hawaiian
- Two or more Races
- White

### Veteran

- Vietnam Era Veteran
- Veteran
- Non-Veteran
- Other Protected Veteran
- Recently Separated Veteran
- Special Disabled Veteran
- No Answer

Signature: \_\_\_\_\_

*ma buba*

Date: \_\_\_\_\_

*1-13-26*